Missouri Pharmacy Program – Preferred Drug List

Herpes Antivirals - Oral

Effective 01/10/2013  
Revised 07/11/2019

Preferred Agents

• Acyclovir Caps/Tabs  
• Acyclovir Susp  
• Valacyclovir

Non-Preferred Agents

• Famciclovir  
• Valtrex®  
• Zovirax® Caps/Tabs  
• Zovirax® Susp

Approval Criteria

• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents  
  o Documented trial period for preferred agents  
  o Documented ADE/ADR to preferred agents

Denial Criteria

• Lack of adequate trial on required preferred agents  
• Therapy will be denied if no approval criteria are met  
• Drug Prior Authorization Hotline: (800) 392-8030